

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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PRINTED: 10/11/2010
FORM APPROVED
OMB NO. 0938-0391

45th 11/10/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445116		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/06/2010	
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SMITHVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 549 SMITHVILLE, TN 37166			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000	The following constitutes our allegation of compliance. This plan of correction is submitted under state and federal law. The submission of this plan does not constitute an admission on the part of NHC Healthcare as to the accuracy of the surveyor's findings nor the conclusion drawn therefrom. The facility's submission of the plan of correction does not constitute an admission on the part of the facility that the findings are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.		10/29/10
F 371 SS-E	<p>During the annual recertification survey at NHC Healthcare Smithville, Complaint #TN00026212 was investigated and no deficiencies were cited under 42 CFR Part 483.13, Requirements for Long Term Care.</p> <p>483.35(j) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to serve hot food at a temperature of 140 degrees or above to residents in one of three dining areas.</p> <p>The findings included:</p> <p>Observation of dining in the Reflection dining room, at 11:35 a.m., on October 5, 2010, revealed the following hot food temperatures.</p> <p>Baked Pork Chop-111 degrees. Turnip Greens-132 degrees. Mechanical soft Pork Chops-110 degrees. Pureed Pork Chop-120 degrees.</p> <p>Continued observation revealed these food items</p>			F 371	<p>All policies and procedures for checking and maintaining proper food temperatures were reviewed on 10/5/10 by Dietary Manager and partners.</p> <p>All dietary partners were in-serviced on proper proper procedures for food temperatures on 10/5/10 by the Dietary Supervisor.</p> <p>A QA on food temperatures was started on 10/5/10 and will be conducted by the Dietary Supervisor weekly for 8 weeks and monthly for 4 months.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SMITHVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 825 FISHER AVE P O BOX 549 SMITHVILLE, TN 37166		
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F 371	Continued From page 1 were not reheated before serving to the residents. Interview with the Dietary Manager at 11:50 a.m., in the Reflection dining room, confirmed the food was served to the residents at a temperature below 140 degrees.	F 371			